

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NEW JERSEY

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Hanover Hills Surgery Center LLC

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names
DBA Altair Health Surgical Center
DBA Altair Health

3. Debtor's federal Employer Identification Number (EIN) 82-2078645

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

83 Hanover Road
Suite 100
Florham Park, NJ 07932
Number, Street, City, State & ZIP Code

P.O. Box 1519
Morristown, NJ 07962-1519
P.O. Box, Number, Street, City, State & ZIP Code

Morris
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify:

Debtor **Hanover Hills Surgery Center LLC**
Name

Case number (if known)

7. Describe debtor's business A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? *Check one:*

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

Debtor **Hanover Hills Surgery Center LLC**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☐ No
☒ Yes.

List all cases. If more than 1, attach a separate list

Debtor **See Attachment**

District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☒ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor

Hanover Hills Surgery Center LLC

Case number (if known)

Name

☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

☒ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Debtor **Hanover Hills Surgery Center LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 12, 2024**

MM / DD / YYYY

X /s/ Ron Benitez

Signature of authorized representative of debtor

Dr. Ron Benitez

Printed name

Title **Authorized Representative**

X /s/ David Berman

Signature of authorized representative of debtor

David Berman

Printed Name

18. Signature of attorney

X /s/ **Joseph J. DiPasquale**

Signature of attorney for debtor

Date **July 12, 2024**

MM / DD / YYYY

Joseph J. DiPasquale

Printed name

Fox Rothschild LLP

Firm name

49 Market Street

Morristown, NJ 07960

Number, Street, City, State & ZIP Code

Contact phone **973-548-3330**

Email address **jdipasquale@foxrothschild.com**

016191994 NJ

Bar number and State

Debtor **Hanover Hills Surgery Center LLC**
Name

Case number (if known)

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NEW JERSEY

Case number (if known) Chapter **11**

☐ Check if this an amended filing

FORM 201. VOLUNTARY PETITION
Pending Bankruptcy Cases Attachment

| | | | |
|----------|---|-----------------------|---------------------|
| Debtor | ANS Newco, LLC | Relationship to you | |
| District | District of New Jersey | When | |
| Debtor | Atlantic Neurosurgical Specialists, P.A. | Relationship to you | |
| District | District of New Jersey | When | |
| | | Case number, if known | 24-15727 VFP |
| | | Case number, if known | 24-15726 VFP |

Fill in this information to identify the case:

Debtor name Hanover Hills Surgery Center LLC

United States Bankruptcy Court for the: NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 12, 2024

X /s/ Ron Benitez

Signature of individual signing on behalf of debtor

Dr. Ron Benitez

Printed name

Authorized Representative

Position or relationship to debtor

Executed on July 12, 2024

X /s/ David Berman

Signature of individual signing on behalf of debtor

David Berman

Printed Name

Authorized Representative

Position or relationship to Debtor

Fill in this information to identify the case:

Debtor name Hanover Hills Surgery Center LLC

United States Bankruptcy Court for the: NEW JERSEY

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

| | | |
|---|----|---------------------|
| 1a. Real property: Copy line 88 from <i>Schedule A/B</i> | \$ | 0.00 |
| 1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> | \$ | 3,699,670.50 |
| 1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> | \$ | 3,699,670.50 |

Part 2: Summary of Liabilities

| | | |
|--|-----|----------------------|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> | \$ | 25,344,000.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F) | | |
| 3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> | \$ | 0.00 |
| 3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> | +\$ | 5,408,902.00 |
| 4. Total liabilities Lines 2 + 3a + 3b | \$ | 30,752,902.00 |

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
New Jersey

In re **Hanover Hills Surgery Center LLC**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|-------------------------|
| For legal services, I have agreed to accept | \$ | To be determined |
| Prior to the filing of this statement I have received | \$ | *40,010.00 |
| Balance Due | \$ | 0.00 |

2. \$ **1,738.00** of the filing fee has been paid. *Fox Rothschild LLP received \$40,010 plus \$1,738. for the filing fee. The Retainer was reduced to apply prepetition services and fees. As of the Petition Date the retainer being held by Fox Rothschild LLP is \$32,358.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 12, 2024

Date

/s/ Joseph J. DiPasquale

Joseph J. DiPasquale

Signature of Attorney

Fox Rothschild LLP

49 Market Street

Morristown, NJ 07960

973-548-3330 Fax: 973-992-9125

jdipasquale@foxrothschild.com

Name of law firm

**WRITTEN CONSENT OF THE SOLE MEMBER
OF
HANOVER HILLS SURGERY CENTER LLC
IN LIEU OF
A
SPECIAL MEETING**

June 27, 2024

The undersigned, being the sole member of Hanover Hills Surgery Center LLC, a New Jersey limited liability company (the “Company”), acting without a special meeting of the sole member of the Company, does hereby consent to, approve and adopt the following resolutions by written consent (the “Consent”) in lieu of a special meeting to adopt the same:

RESOLVED, that it is desirable, and in the best interest of the Company, that the Company enter into the Proposed Settlement Agreement Term Sheet with the parties thereto in substantially the form attached hereto as **Exhibit A**, and the Company is so authorized (the “Term Sheet”); and be it further

RESOLVED, that the following individuals are authorized, collectively (the “Authorized Signatories”), to execute the Term Sheet on behalf of the Company:

Ronald Benitez, M.D.
David Berman; and be it further

RESOLVED, that it is desirable, and in the best interest of the Company that it file a Petition under Chapter 11, Title 11 of the United States Code, in order to liquidate the assets of the Company in an orderly fashion, and in the event that further action shall become necessary for the protection of the Company and the preservation of its assets, that the Authorized Signatories are authorized and empowered to take all requisite action so as to implement the decisions of the Company and its sole member including the signing of bankruptcy petitions and related bankruptcy pleadings as may be required to proceed under Chapter 11 of the Bankruptcy Code; and be it further

RESOLVED that the Company shall engage and retain Fox Rothschild LLP as legal counsel to the Company as set forth in an engagement letter to be signed by the Company with Fox Rothschild LLP; and be it further

RESOLVED, that the Authorized Signatories, collectively, are hereby authorized and directed to execute and deliver on behalf of the Company any and all documents, instruments or counterparts thereof as are contemplated by these resolutions and to do all other acts, to take all other actions, including payment of all expenses, and to prepare all papers, agreements, instruments and documents in connection therewith which such Authorized Signatories, collectively, shall deem proper in order to accomplish and carry out the intents and purposes of the foregoing resolutions; and be it further


RESOLVED, that all lawful actions previously taken or caused to be taken by the sole member and the Authorized Signatories in connection with the foregoing resolutions and each of them be, and they hereby are, ratified, affirmed, adopted and approved in all respects as actions of the Company; and be it further

RESOLVED, that the Authorized Signatories are hereby directed to file the fully executed Consent together with the minutes of the Company.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned sole member of the Company has executed this Consent effective as of the date first written above.

FLORHAM PARK INVESTORS LLC, sole member

DocuSigned by:
By: 
600748CFDA6248C...
Ronald Benitez, M.D., Authorized Signatory

By: _____
David Berman, Authorized Signatory

IN WITNESS WHEREOF, the undersigned sole member of the Company has executed this Consent effective as of the date first written above.

FLORHAM PARK INVESTORS LLC, sole member

By: _____
Ronald Benitez, M.D., Authorized Signatory

By:  _____
David Berman, Authorized Signatory

Fill in this information to Identify the case:

Debtor Name: Hanover Hills Surgery Center, LLC dba Altair Health Surgery Center

United States Bankruptcy Court for the: District of New Jersey

Case Number (If known): 24-157xx

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|---|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 1 ANS CONTINUUM HOLDCO, LLC / ASSIGNEE KEYBANK 200 CAMPUS DRIVE SUITE 300 FLORHAM PARK, NJ 07932 | CONTACT: MORRIS S. BAUER PHONE: (973) 424-2037 MSBAUER@DUANEMORRIS.COM | INTERCOMPANY PAYABLE | | | | \$3,083,279.43 |
| 2 HANOVER ASSOCIATES C/O EASTMAN MANAGEMENT CORPORATION ATTN: DAVID STEIN, ESQ. 90 WOODBRIDGE CENTER DRIVE, SUITE 900 BOX 10 WOODBIDGE, NJ 07095-0958 | CONTACT: DAVID H. STEIN PHONE: (732) 855-6126 FAX: (732) 726-6570 DSTEIN@WILENTZ.COM | ACCOUNTS PAYABLE - RENT | | | | \$104,393.63 |
| 3 WELLS FARGO (NJ ADVANCE MEDIA) PO BOX 77000 DETROIT, MI 48277-0571 | CONTACT: MARK WARNER MARK.WARNER@WELLSFARGO.COM | OTHERS - MISDEPOSITS | | | | \$36,467.61 |
| 4 STATE OF NEW JERSEY DEPARTMENT OF HEALTH PO BOX 358 TRENTON, NJ 08625-0358 | AAP@DOH.NJ.GOV | AMBULATORY ASSESSMENT FOR Q4 2024 AND FY 2025 | | | | \$33,489.47 |
| 5 HART FUELING SERVICES 16 CROZERVILLE RD ASTON, PA 19014 | CONTACT: MELANIE SIEVERS PHONE: (640) 595-4152 MELANIE@HARTFUELING.COM | ACCOUNTS PAYABLE | | | | \$1,574.08 |
| 6 BIO SERV INC. 10 GRAMAR AVE PROSPECT, CT 06712 | PHONE: (908) 284-2155 ANN@BIOSERVUSA.COM; BRENDALIZ@BIOSERVUSA.COM | ACCOUNTS PAYABLE | | | | \$1,055.59 |

Debtor: Hanover Hills Surgery Center, LLC dba Altair Health Sur Case Number (if known): 24-157xx

| Name of creditor and complete mailing address, including zip code | Name, telephone number, and email address of creditor contact | Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | |
|---|--|---|--|--|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| 7 PYE-BARKER FIRE & SAFETY, LLC PO BOX 735358 DALLAS, TX 75373-5358 | PHONE: (800) 927-8610 INFO@PYEBARKERFIRE.COM | ACCOUNTS PAYABLE | | | | \$759.70 |
| 8 LEAF PO BOX 5066 HARTFORD, CT 06102-5066 | PHONE: (800) 819-5556 FAX: (267) 675-5750 VBURNS@ADMINISTRATION-SERVICES.COM | ACCOUNTS PAYABLE | | | | \$588.14 |
| 9 PROFICIENT SURGICAL 99 SEAVIEW BOULEVARD SUITE C PORT WASHINGTON, NY 11050 | CONTACT: MARCIE WINNER PHONE: (516) 487-1175 MARCIE@PROFICIENTSURGI-CAL.COM | ACCOUNTS PAYABLE | | | | \$393.54 |
| 10 MEDLINE INDUSTRIES, INC. PO BOX 382075 PITTSBURGH, PA 15251-8075 | CONTACT: HALEY DESHANE PHONE: (847) 643-3512 HDESHANE@MEDLINE.COM | ACCOUNTS PAYABLE | | | | \$368.99 |
| 11 VERIZON FIOS - ASC PO BOX 16801 NEWARK, NJ 07101-6801 | BANKRUPTCY@VERIZONWIR-ELESS.COM | ACCOUNTS PAYABLE | | | | \$309.09 |
| 12 LIFE SAFETY PARTNERS 17247 ALLAMANDA DRIVE SUGARLOAF KEY, FL 33042 | BILL@ASCQS.COM | ACCOUNTS PAYABLE | | | | \$250.00 |
| 13 THE JAYSON COMPANY 2150 STANLEY TERRACE UNION, NJ 07083 | PHONE: (855) 529-7661 | ACCOUNTS PAYABLE | | | | \$232.87 |
| 14 SHEENA CAZEAU 65 EAST MILTON AVE APT A RAHWAY, NJ 07065 | CONTACT: SHEENA CAZEAU | OUTSTANDING CHECKS | | | | \$115.83 |
| 15 STATE OF NEW JERSEY WEIGHTS & MEASURES PO BOX 490 AVENEL, NJ 07001 | ASKCONSUMERAFFAIRS@DC-A.LPS.STATE.NJ.US | ACCOUNTS PAYABLE | | | | \$35.00 |
| 16 SUSAN SHAFER 21 N ALPINE DR LAKE HOPATCONG, NJ 07849 | CONTACT: SUSAN SHAFER PHONE: (973) 222-2055 SSHAFERRN@YAHOO.COM | OUTSTANDING CHECKS | | | | \$25.98 |
| 17 MCKESSON MEDICAL SURGICAL PO BOX 634404 CINCINNATI, OH 45263-4404 | CONTACT: BECKY TUCKER PHONE: (800) 422-0280 BECKY.TUCKER@MCKESSON.COM | ACCOUNTS PAYABLE | | | | \$20.43 |
| 18 KEYBANK 200 CAMPUS DRIVE SUITE 300 FLORHAM PARK, NJ 07932 | CONTACT: MORRIS S. BAUER PHONE: (973) 424 2037 MSBAUER@DUANEMORRIS.COM | UNSECURED PORTION OF SECURED LOAN | | | | UNKNOWN |